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ABSTRACT

One of four packets designed to help day care workers provide services to handicapped children and their families, the booklet addresses issues in screening and identification. A 12-item agenda for a workshop on screening and identification covering such topics as the definitions of screening, rationale for screening, information gathered from a screening, frequently used screening methods, development of screening plans, and workshop evaluation is included. Suggestions for future workshop training briefly address planning, recordkeeping, and toy selection. Sample workshop activities and forms are provided, along with developmental checklists for language, fine motor, gross motor, cognitive, social, and self help skills. (CL)

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Screening & Identification

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Special Needs Children in Family Day Care

Introduction

One of our Outreach projects this year has been the development of training materials for family day care programs which serve young children with special needs.

These materials are based on a second year of Outreach training given to family day care providers in rural Washington County, Maine. In the first year, a working relationship was established and some important general training needs were met. This year, our four workshops focused on special needs children. Now, we are looking forward to and planning a third year! The on-going nature of this association has allowed us to be even more effective in "building" rapport, knowledge, and meaningful exchange between our agencies and among providers.

Working in a rural, isolated county with a group of approximately ten busy providers of differing needs and abilities, our only "hold" has been the quality of what we had to offer. Our philosophy is to bring providers together at our workshops - giving them a chance to consider and practice new ideas and methods, as well as share the problems and successes of their jobs. WCCP Outreach advisors, assigned for the year to each provider, are present at these workshops. In-between, advisors make regular visits to the day care homes, working with providers in their own environments. In this way, they find a style appropriate to the individual's family and home, while providing assistance, materials, and information.

This two-fold approach is based on the belief that building confidence and group rapport is paramount. Shared meals at workshops, recognition of accomplishments, time for involvement activities, and regular communication via memos through the mail are some of the means to this end.

From the start, we have had the support of the county director for family day care. We jointly decided on the topic for the first Outreach workshop, and future training was an outgrowth of both this and common concerns expressed by providers. Each of the following workshops may be viewed as an entity in itself, and yet part of a progression based on evolving needs:

1. Screening and Identification
2. Stimulating Language
3. Creating Awareness
4. Communicating With Parents

The four packets, making up Special Needs Children in Family Day Care, may be used as a series or singly and are appropriate for a variety of group situations, in addition to family day care.

Catherine Bell, Product Development Coordinator
Ingrid Chalufour, Outreach Training Coordinator

SCREENING AND IDENTIFICATION

Agenda

1. Conversation, coffee, and apples (15 min.)
2. Introductions (10 min.)
3. Involvement Activity (30 min.)
4. Assign advisors to providers. (5 min.)
5. Define "screening." (10 min.)
6. Why screen day care children? (10 min.)
7. What would you want to learn from a screening? (10 min.)
8. Discuss methods of screening. (30 min.)
9. Pot Luck Lunch (1 hr.)
10. Will parents support the idea of screening? (45 min.)
11. Write screening plans. (1 hr.)
12. Evaluate the day. (15 min.)

SCREENING AND IDENTIFICATION

Agenda: Explanation & Evaluation

The numbers on this sheet correspond to those on the agenda.

1. Throughout our series of workshops, we tried to build rapport and group feeling (also nutritional awareness) in any way possible.

2. Everyone feels more comfortable when they know from the beginning who other group members are. Even if this is repetitive for some, it is the first step toward a "group" feeling. The room was set up with the chairs in a circle.

3. The "Name Game" goes a step further toward group involvement. It is a chance for everyone to participate and be accepted by the group in a positive way. If you take the time for an involvement activity, the rest of the day will go better. (See sample.)

4. We had enough staff to assign each provider an advisor. At this point, we let the providers know who their advisors were so they could get acquainted during the day. In some cases, advisors were already familiar with children in these day care homes.

   The advisor visits the home between workshops to help the provider with problems and provide meaningful follow-up. Issues that arose during these visits were documented on a "Day Care Home Advisor Record Sheet." This was a useful tool, helping us to remain consistent over a year's training, and also deal with individual differences and needs. (See sample.)

5. The handout, "Definition of Terms," explains terms used during the workshop. The difference between screening and assessment is an important distinction to make. Our approach to the screening process was a simple one - that all children have strengths and weaknesses. Planning activities to help children with their weaknesses is a necessary part of any services to preschoolers. (See sample.)

6. We asked the day care providers to "brainstorm" reasons why they might want to screen their children. Their list included: "It will help us see the progress children are making and to plan activities." "It will improve communication with most parents." "We're giving the child a chance!" "We'll better understand the different areas of each child's development."

A few providers expressed reluctance and, in one case, hostility. They hesitated to "label" children, felt unqualified, or had concerns about communicating with parents. There were also feelings that it would be an unnecessary process, might take too much time in an already busy day, or that it was not part of their job. Before we could move on to the next agenda item, we had to confront these issues. Some became the subjects of later workshops, and we promised to clarify day care policies regarding screening with their director.

7. Again, we brainstormed and listed what providers would like to learn from a developmental screening. They suggested ideas such as: what children should do at each age level, what their interests are, any problems with hearing and vision, and the quality of what they do. We re-emphasized that they would be seeking information about the child's capabilities in order to plan appropriate activities, and that screenings need not "label" children.

8. We gave a brief lecture on methods of screening, followed by discussion of the pros and cons of screening individually or in groups, by observation or by task completion. We also discussed parent interviews, as well as vision, hearing, and medical screenings. A variety of formal (eg. the Comprehensive Identification Process) and informal (eg. general developmental profiles) instruments were provided as examples.

9. Lunch is a time to get to know people. We always eat lunch with our workshop participants because the informal discussion helps us become comfortable with each other. At this workshop, we shared a pot luck. The result was an exchange of recipes and praise of good food.

10. Some of the providers were anxious about discussing the screening with parents. We listed possible problems on the board. They anticipated that parents might have some of the following reactions: "What qualifies you to do this?" "More paperwork?" "It's none of their business!" "Why are you doing this? Nothing's wrong."

    We broke up into small groups, an advisor to each. The groups brainstormed solutions to a particular problem and brought the best one back to the larger group. One group decided that if the screening were called a "developmental checklist," with the stated purpose of planning appropriate activities for the children, most of the anticipated problems would be alleviated. Judgements or labeling would not be an issue. Also, it was pointed out that this workshop would actually "qualify" providers to do the checklist. (As a result, we developed a "Certificate of Attendance" to be awarded at the end of the year's training.) Finally, we stressed that results of the checklist should be shared with parents and seen as confidential.

11. Again, we separated into small groups, made up of an advisor and her assigned providers. The task was for each provider to plan a screening procedure for her home. They had a choice of designing their own or using one we had available. Everyone decided on one of our samples, the "Developmental Checklist," which would be particularly useful in making individual plans for children. Some also wanted a Parent Interview and we agreed to develop one and distribute copies later.

    After discussion (based on the handout "A Good Plan Is..."), each provider filled out a "Screening Plan." In it she described her plans for implementing what she had learned. Advisors kept copies of the plans for reference and follow-up. We later distributed "Observation Checklists" to help providers focus and simplify the screening process. (See samples.)

12. Providers and advisors can do a more thoughtful evaluation if you allow plenty of time. (See sample.)

Follow-Up

All providers received follow-up visits from their advisors, who assisted when necessary in completing their screening plans. Some providers needed help getting materials together, or in actually doing the checklists. Others needed advice as to how to screen so that results would be most useful to them. All providers were able to follow through after seeing a screening done. This process took from one to four visits from advisors.

During this period, we also clarified (via memo) some of the day care policies regarding these screenings. From hindsight, these should have been clearly stated at the onset of the workshop.

Long-range results have all been positive and continuing. Providers have been impressed with how much more they know about the children now. Some were surprised to learn that their expectations had been quite low. Many have changed the structure of their days to include more "educational" group and individual activities. Several providers identified children with delays and, with help from their advisors, planned activities to meet their needs. Developmental Checklists, unlike a traditional screening, include ideas for planning a child's future learning experiences. This seemed to be an important advantage to our group.

Finally, parents were found to be very receptive. The fact that they had carefully considered the issues beforehand smoothed the way for providers. It must be stated, however, that no serious problems were uncovered. In fact, one parent was surprised at how well her child did on the checklist - "he doesn't do that at home!"

Suggestions for Future Training

1. Planning: Helping providers plan activities to follow-up a checklist would be a good activity for individual or group training. It is important to understand that developmental help need not be highly structured and can happen at any time. Getting dressed, having snack, playing outdoors, and clean-up are all good learning times. Taking a checklist and brainstorming activities for a particular child during each part of the day would be a valuable learning experience and give providers something concrete.

2. Record Keeping: We found that providers could use help in recording their plans. Designing a way for them to record goals, what they are teaching a given child, what activities they are using, and their successes and failures, would help them organize planning and better communicate to parents what they are doing.

3. Toys: Some providers may need guidance in selecting appropriate educational toys and materials for their home. This training might be extended to include making toys or using recycled materials.

SAMPLES

Involvement Activity

The Name Game:

This is a good activity to use during the first group session. In a conversational way, ask these questions, or variations, of group members. Finish with one person before moving on to the next.

What is your whole name?

How did you get it?

Were you named after someone?

Do you like your name?

Would you like to change your name?

What would you change it to?

Do you have any nicknames?

Have you ever had any nicknames?

Washington County Children's Program Outreach

Day Care Home Advisor Record Sheet

Day Care Provider: Advisor:

Date of visit to home:

Purpose of visit:

Preparation previous to visit:

Day Care Provider's Concerns and Interests:

Your Comments on Visit:

Future Plans:

Ideas/Implications for development of Day Care materials:

Definition of Terms

	SCREENING	ASSESSMENT	DIAGNOSIS
PURPOSE	A "Rapid Scan" method of acquiring developmental, medical and family history, and information on range of children's abilities. Non-labeling.	Supplements screening information and developmental areas to DESCRIBE SPECIFIC LEARNING STRENGTHS AND WEAKNESSES. Descriptive and non-labeling.	Provides IN-DEPTH TECHNICAL INFORMATION about cause and nature of developmental or learning problems.
POPULATION	Large group of children for whom school or intervention services can be provided.	For children already screened when more information is needed. Or ALL children in a class or school program.	Individual referral following screening or assessment.
METHOD	Individual and/or small group. Quick survey (less than 1 hr.) National or local norms. May include sections of assessment tests; observation of behavior; parent questionnaire; vision, hearing and medical check-up.	Administration of tests or in-depth tasks in developmental sequence. Supplemented by informal classroom and home observation and parent conferences.	Battery of specialized tests. Usually administered one-to-one.
WHEN DONE	Prior to school entry or at beginning of school term.	On-going in an educational program.	After identification of specific difficulty.
TESTERS	One or more of: teachers, specialists, paraprofessionals, medical personnel, volunteers and other community resource people.	School specialists, teachers, aides, parents, or volunteers in program. School Pupil-Evaluation Team.	Psychologist, doctor, therapist, specialist, or multi-disciplinary team (may include teacher).
EDUCATIONAL USE(S)	Program planning for <u>all</u> children. Determines needs for further assessment.	Individualized or group objectives used in curriculum planning.	Prescriptive program in specific area(s).
FOLLOW-THROUGH	Educational or home services. Parent report and/or activity suggestions. Medical referral. Further assessment or diagnosis.	On-going observation and assessment. Sequential teaching. Medical or diagnostic referral. Home-school coordination.	Further therapy, treatment or diagnosis. On-going assessment at school and home. Home-school coordination.

prepared by: F. Hale and D. Juster, Project Maine Stream Outreach Program, North Yarmouth, ME, 1975.

Developmental Checklist:

LANGUAGE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
1	cries and makes small throaty noises				
	quiets or startles to sound of rattle				
2	makes single vowel sounds (oh-eh-uh)				
	quiets to face or voice				
	makes sucking sounds				
3	looks at face and eyes of person talking to him				
	vocalizes, smiles at social approach				
	babbles, squeals, coos when talked to				
	turns head toward voice				
4	laughs aloud in social play				
6	babbles spontaneously to person's face				
	vocalizes when alone instead of crying				
	looks toward source of sound				
	vocalizes to mirror image				
7	vocalizes syllables (ba, da, ka)				
8	combines syllables (ba-ba, da-da, mu-mu)				
	responds to name with head turn, eye contact, smile				
	imitates single syllables (da, ba, ka), coughs, tongue clicks				
9	stops activity when told "no"				
	waves when told "bye-bye," claps to "pat-a-cake"				
10	calls parent "mama," "dada"				
11	shakes head no-no				

LANGUAGE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
12	says 2 words besides "mama," "dada"				
	jabbers expressively				
	looks in appropriate place when asked "where is daddy (ball, kitty)?"				
15	points and vocalizes to indicate wants				
	names 2 common objects on request				
15	points to familiar persons, animals, toys on request				
	follows simple commands "Give me the _____" "Get the _____"				
	combines jargon and words in conversation				
18	points to one named picture ("Find ball")				
	request some objects by name (milk, cookie)				
	imitates simple sounds on request				
	points to 2 body parts on self				
21	refers to self by name				
	speaks or responds to 20 words				
24	names 3 pictures of familiar objects				
	asks for food when hungry, water when thirsty				
	speaks in 2-3 word sentences				
	uses pronouns (I, you, me) not always correctly				
	imitates simple words when requested				
27	speaks 50 or more words				
	asks names of objects, activities				
	uses plurals				

LANGUAGE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
27	joins in nursery rhymes and songs				
	names 8 common objects				
	points to bigger of 2 digits				
30	shows one object from group when asked "Show me one _____"				
	points to and repeats names of 6 body parts				
	gives full name on request				
33	responds appropriately to 2-3 prepositions (on, in, under)				
	follows 2-stage directions ("Get the book and close the door")				
	tells or shows use of common objects				
	identifies objects with their use ("What do we eat with? drink out of?")				
33-36	labels own mud/clay products as "pie" or "cake"				
	points to 8 body parts				
	forms a verbal unsolicited question				
	tells sex: "Are you a boy/girl?"				
36-48	speaks in 6 word sentences				
	tells action in pictures				
	able to whisper				
	able to change voice to faster rate				
	able to increase volume of voice				
	says at least 1 nursery rhyme				
	repeats 3-4 digits				
	has 900 word vocabulary				

LANGUAGE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
36-48	asks many questions "What?" "Where?" "Who?"				
	verbalizes opposite analogies (brother is a boy/sister is a girl)				
36-48	repeats a 6 word sentence				
	names own drawing				
	listens eagerly to stories				
	talks to self in long monologues concerned with present				
	relates experiences, describes activities				
	answers "Why do we have stoves?"				
	carries out related 4-step command, using prepositions				
	defines 4 words using description, material usage, etc.				
	responds appropriately to 3 prepositions (on, under, in front of, beside, in back of)				
48-60	gives home address				
	comprehends physical needs				
	names primary colors				
	knows coins (penny, nickel, quarter, dime)				
	defines 6 nouns				
	differentiates heavy, light				
	responds appropriately to 4 prepositions				

Developmental Checklist:

FINE MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
newborn	fisted hands rest near face				
	grasp-reflex-clenches small object on contact				
1	holds rattle placed in hand				
2	holds hands together				
	hands often open				
	grasp reflex disappearing				
	holds rattle for 5-10 seconds before dropping it				
	reaches towards objects-sometimes hits them				
3	watches movement of own hands				
	grasps rattle held out to him				
	reaches for objects with both hands; often misses				
	no grasp reflex				
	shakes rattle for several seconds				
	pulls at clothes				
	hands usually open				
4	shakes and plays with rattle for several minutes				
	opens hands, plays with fingers, put hands in mouth				
	recovers rattle dropped on chest				
	holds doll sized objects				
	put objects in mouth				
5	picks up cube				
	bangs object in play				

FINE MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
5	plays with toes				
	reaches for toy with 1 hand-good aim				
6	transfers cube from hand to hand				
	holds feeding bottle				
	grasps feet				
	grasps cube with fingers against palm				
	picks up block that has been dropped				
	rakes up raisins with fingers against palm				
	lifts cup by handle				
	holds one cube and reaches for another				
7	grasps cube with thumb and fingers				
	plays with paper when it is offered				
	pulls out large peg				
	manipulates ball				
	retains 2 of 3 cubes offered				
8	bangs 2 blocks together				
	picks up cube with thumb and first two fingers				
	attempts to secure 3 cubes				
9	grasps and picks up small objects with thumb and forefingers				
	holds toy in one hand and moves its parts with other hand				
	shakes box with block inside				
10	approaches objects with index finger				

FINE MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
10	places and releases objects				
	throws toys				
	removes loose fitting lid from box				
	hits cup with spoon				
	holds 2 small objects in one hand				
11	beginning to put objects in and out of containers				
	holds crayon				
	pushes car				
12	uses index finger to point				
	drops toys and watches them fall builds 2 block tower				
	puts 3 or more cubes in cup				
	marks with pencil				
	mouthing of objects nearly stopped				
15	imitates scrubbing with pencil				
	holds 3 blocks; 1 in one hand, 2 in the other				
	puts in and takes blocks out of box				
	picks up and holds 2 small objects in 1 hand				
	builds tower of 2-3 one inch cubes				
	scribbles spontaneously with pencil				
18	places 6 round pegs in holes				
	places square shape in formboard				
	places loose fitting lid on box				

FINE MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
18	builds tower of 3-4 cubes				
	dumps raisin from bottle spontaneously				
21	turns pages of book 2 or 3 at a time				
	uses one hand more than the other				
	places triangle, circle, square in formboard				
	imitates circular scribble				
	builds tower of 5-6 cubes				
	folds paper once imitatively				
24	turns pages of book singly				
	builds tower of 6-7 cubes				
	imitates vertical stroke				
	unscrew lids				
27	turns door handles				
	rolls, pounds, squeezes, pulls play dough				
	fills and dumps containers with sand				
	takes apart and puts together 5 piece stacking cups or rings				
	strings 4 large beads				
	imitates vertical and horisontal strokes				
	makes train of cubes after demonstration				
	manipulates egg beater after demonstration				
30	builds tower of 8 cubes				
	holds crayon with thumb and finger				

FINE MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
30	imitates vertical and horizontal stroke after demonstration				
33	strings 4 medium size beads				
	makes strokes, dots and circular shapes with finger paints and/or paint brush				
	makes playdough pies after demonstration				
36-48	cuts with scissors				
	drives nails and pegs				
	builds tower of 9 cubes				
	can close fist and wiggle thumb imitation, right and left				
	imitates building of bridge with cubes				
	copies a circle				
36-48	imitates a cross after demonstration				
	traces a diamond				
48-60	builds tower of 10 or more cubes				
	draws with pencil or crayon				
	imitates folding and creasing of paper 3 times				
	folds triangle from 6" square in imitation				
	copies V, H, T				
	draws person with 6 parts				
	adds 3 parts to incomplete person				
	prints a few capitals				
	copies a square				
	copies a triangle				
	copies rectangle with diagonal				

Developmental Checklist:

GROSS MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
newborn	suspended prone-head, hands completely down prone-head to one side, hips raised, knees drawn up				
	pulled to sit - complete head lag				
	held standing, makes stepping movements				
1	prone-lifts head and holds for 5 sec.				
	prone-makes crawling movements				
	turns head side to side				
	held sitting - head forward, back rounded, head lifted briefly				
	lifts head when held at shoulder				
	straightens leg when bottom of foot is pressed				
	supine - head to one side with some side arm straight and one leg bent, opposite side arm bent and leg straight				
2	thrusts arms and legs in play				
	prone - chin sometimes lifted off bed				
	prone - legs sometimes straightened				
	turns from side to back				
	held sitting or standing, head position mostly erect				
	suspended prone - head held level with body, briefly lifted above				
	prone - holds head up well off mat				
	supine - head mostly facing foward, not turned				
	legs kick in sequence				
3	suspended prone - head held well above level of body				

GROSS MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
3	prone - hips lowered, knees bent				
	prone - rests on forearms raising head and chest				
	held standing, lifts foot				
4	pulled to sit - no head lag				
	rolls from back to side				
	suspended prone - holds head up				
	prone - arms and legs straightened, weight on abdomen				
4	holds head and chest up on forearms for long periods				
	sits propped, head steady, back slightly curved				
	takes weight on feet briefly with underarm support				
	prone - props on hands with arms straight				
5	lifts head from supine				
	no head wobble when body is swayed				
	sits supported with back straight				
	grasps objects while sitting				
	rolls from prone to supine				
6	rolls from supine to prone				
	prone - pushes up on hands, chest and abdomen off mat				
	sits supported in high chair				
	bears almost all weight in supported standing				
	lifts legs high - holds them out straight				
7	prone - bears weight on 1 hand				

GROSS MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
7	sits without support on floor				
	bounces when held standing				
	pushes up on hands and knees and rocks				
8	balances well when sitting, hands free				
	crawls on belly - arms used to pull body forward				
	supine - lifts hips to make bridge				
	pulls self to stand				
9	sits steadily on floor 10 minutes				
	changes positions while seated without falling				
	pushes up on hands and feet				
	stands holding on to furniture				
	makes stepping movements				
	lowers self to sitting holding on to rail				
	crawls on hands and knees				
	changes from prone to sitting and sitting to prone				
10	pulls self to sitting position				
	stands with 1 hand held				
	sits down from standing, without holding on				
11	side-steps around furniture				
	walks with one or both hands held				
	twists around to pick up object while sitting				
	stands alone for 1 minute				

GROSS MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
11	standing alone takes 1 step				
12	crawls rapidly on hands and knees				
	walks 5 steps without falling				
15	throws ball standing or sitting				
	rolls a ball				
	walks alone with occasional falls				
	crawls up several steps				
	gets into standing position without using hands				
	stoops to pick up toys without falling				
18	seats self in small chair				
	stands on 1 foot, holding on				
	runs				
	pushes toy while standing and bending				
	walks upstairs one hand held				
	pulls wheeled toys				
	throws ball overhand without falling				
	climbs into adult chair, turns to sit				
21	creeps backward downstairs				
	carries large toy/doll while walking				
	pushes and pulls large toys, boxes				
	gets down from adult chair				
	walks up stairs with hand on rail				

GROSS MOTOR

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
21	walks down stairs, one hand held				
24	jumps in place				
	walks approximately on line				
	kicks large ball without falling				
27	walks downstairs holding rail, 2 feet on each step				
	runs with ease				
	squats and rises without using hands				
30-33	walks on tiptoes				
	jumps with both feet				
	walks up stairs alternating feet				
36	pedals tricycle				
	balances on one foot 5 seconds				
36-48	walks on line				
	jumps from bottom step				
	catches bounced ball				
	walks downstairs alternating feet				
	hops on 1 foot				
	balances on 1 foot 10 seconds				
48-60	climbs ladders and trees				
	turns somersaults				
	standing broad jump				
	skips on both feet				

Developmental Checklist:

COGNITIVE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
1	momentary regard of red ring				
	responds to sound of rattle/bell				
	responds to sound of voice				
	eyes follow moving person				
2	free inspection of surroundings				
	turns eyes to light/red ring				
	visual recognition of mother				
3	searches for sound with eyes				
	looks at face and eyes of person talking to him				
	eyes follow brightly colored object				
	reaches for ring/rattle				
	grasps rattle/ring				
	retains rattle/ring				
	watches own hands at length				
	vocalizes, coos when talked to				
	turns head to follow brightly colored object				
4	turns head to sound of bell/rattle				
	looks at and reaches for cube or other small stationary toy				
	reaches, grasps and puts ring in mouth				
	regards pellet or raisin				
	cries at angry voice				
	reaches for familiar person				

COGNITIVE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
4	watches bottle or food preparation with excitement				
	shows awareness of mirror image				
5	picks up cube				
	discriminates strangers				
	turns head to look for dropped spoon				
	lifts inverted cup				
	reaches persistently				
6	pulls string to secure toy				
	holds one cube and reaches for another				
	attends to scribbling				
	holds arms to be picked up				
	drops cube and looks for it				
	vocalizes, waves limbs on hearing steps or voice				
7	manipulates ball				
	retains 2 of 3 cubes offered				
	vocalizes syllables (ba-da-ka)				
	laughs at pat-a-cake and peek-a-boo games				
8	rings bell purposively				
	attempts to secure 3 cubes				
	uncovers toy				
	combines syllables (ba-ba, da-da)				
	imitates hand clapping and other simple movements				

COGNITIVE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
8	responds to name				
9	fingers holes in peg board				
	picks up cup - secures cube				
	plays pat-a-cake				
	waves bye-bye				
	puts cube in cup - on command				
10	looks at pictures in book				
	stirs with spoon in imitation				
	unwraps cube				
	repeats performance laughed at				
	looks around corner for object or person				
11	watches and tries to imitate use of toy				
	pushes car (or 3 block train) along				
	shakes head "no-no"				
12-15	puts 3 cubes in cup, dumps				
	pats, squeezes toy in imitation				
	places rings on peg				
	builds tower of 2 cubes				
	scribbles spontaneously				
16-18	places round block in formboard				
	names 1 familiar object				
	attains toy with stick				

COGNITIVE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
16-18	builds tower of 3-4 cubes				
	places 6 pegs in holes				
	points to 1 named picture				
	points to 3 body parts on self				
19-21	points to at least 3 body parts on a doll				
	places square in formboard				
	names 2 familiar objects				
	looks at and handles many objects in environment				
22-24	completes 3 piece (circle, square, triangle) formboard				
	points to 5 out of 10 pictures				
	combines words into 2-3 word sentences				
	selects own toys or clothes from others				
22-24	matches like objects				
	builds tower of 6-7 cubes				
	names 3 pictures of familiar objects				
25-27	discriminates and gives upon request: cup, plate, box				
	points to the bigger of 2 objects				
	imitates vertical and horizontal strokes				
	joins in nursery rhymes and songs				
	strings 4 large beads				
	takes apart and puts together 5 piece stacking cups or rings				
	makes train of cubes-after demonstration				

COGNITIVE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
28-30	folds paper once in imitation				
	repeats 2 digits				
	builds tower of 8 cubes				
31-35	associates objects with their use (what do we eat with? drink out of?)				
	understands concept of 1				
	enjoys simple stories read from picture book				
	selects a block of same color as sample				
	recognizes self in photograph				
	responds appropriately to 2-3 prepositions (on, in, under)				
	tells sex "are you a boy, girl?"				
36-48	imitates building a bridge with cubes				
	adds 1 or 2 parts to incomplete person				
	recognizes primary colors				
	identifies big and little				
	repeats 3-4 digits				
	names or points to 3 shapes				
	counts 2 blocks				
	matches like pictures (lotto)				
	names action pictures				
	verbalizes opposite analogies (brother is a boy, sister is a girl)				
	responds appropriately to 3 prepositions				
48-60	compares textures				

COGNITIVE

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
48-60	counts 10 objects				
	associates activities with night and day				
	matches related common objects				
	identifies missing object from a group of 3				
	carries out, in order, a command containing 3 unrelated parts				
	discriminates same and different				
	identifies long and short				
	draws a man - 6 parts				
	can define 6 nouns				
	responds appropriately to 4 prepositions				
	differentiates heavy and light				

Developmental Checklist:

SOCIAL

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
1	stops crying when picked up and held				
2	eyes follow moving person				
3	quiets to face or voice				
	kicks, waves arms, vocalizes, smiles to familiar face				
	looks at face and eyes of person talking to him, vocalises or smiles at social approach				
	turns head towards voice				
4	laughs aloud in social play				
	resists removal of toy				
5	vocalizes, smiles and reaches for familiar persons more than strangers				
6	smiles, vocalizes and pats mirror image				
7	laughs at pat-a-cake and peek-a-boo games				
8	responds to name with head turn, eye contact, smile				
	withdraws when stranger approaches				
9	calls when familiar person disappears				
	waves to "bye-bye" and claps to "pat-a-cake"				
	stops activity when told "no"				
10	repeats performance laughed at				
11	hugs, pats familiar person				
12	follows if left alone by adult				
	gives or shows toys to adult				
	pulls on and vocalizes to familiar persons				
	laughs when chased or found hiding				

SOCIAL

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
15	points or vocalizes to indicate wants				
	watches others and copies some actions				
	looks for adults when left alone				
18	moves about house without adults				
21	sits on and hugs familiar adults				
	imitates simple actions on request				
	plays contentedly alone if near adults				
	gives up items that belong to others				
	plays near other children				
24	wraps up doll or animal and puts to bed				
27	shows new shoes, clothing or toys to friends				
	exchanges toys with other children with adult help				
	joins in nursery rhymes and songs				
	follows mother and copies household activities				
	claims and defends ownership of certain articles				
	resists interference in his activities				
33	plays simple group games with adult help				
	feeds dolls, drives cars in make-believe play				
	watches other children play-joins in occasionally				
36-48	listens attentively to stories				
	asks for favorite stories				
	enjoys floor play alone or with others (blocks, boxes, toy trains)				

SOCIAL

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
36-48	understands taking turns				
	shows affection for younger siblings				
	performs for others				
	helps with adult activities in house and garden				
	understands sharing				
	associative group play takes place of parallel play				
	imaginative pretend play				
48-60	goes on errand outside house				
	enjoys dressing up in adult clothes				
	plays competitive exercise games				
	shows concern and sympathy				
	calls attention to own performance				

Developmental Checklist:

SELF-HELP

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
3	sucks pureed food off spoon				
	swallows without gagging or choking				
	sleeps 8 hours a night without a feeding				
5-6	searches for nipple with mouth when bottle is seen				
	uses tongue to move food in and out of mouth				
	gums solid food				
	drinks from cup held for him				
	holds bottle				
9	finger feeds dry cereal, bits of meat, vegetable				
11	holds, bites and chews biscuit				
12	feeds self with fingers and spoon, many spills				
	takes off hat, shoes				
15	holds cup and drinks with some spilling				
	spoon feeds with some spilling				
	vocalizes and gestures to indicate wants				
	sits still during dressing, holds out arm or foot				
	sits on small chair for short periods				
	climbs stairs on hands and knees				
	shows wet or soiled pants				
18	chews most foods well				
	pulls off socks				
	walks upstairs one hand held				

SELF-HELP

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
18	places only edibles in mouth				
	moves about house without adults				
21	creeps backward down stairs				
	replaces some objects where they belong				
	takes off pants, coat, if unfastened				
	squats, holds self or verbalizes toilet needs				
	sits onto and down from adult chair				
	steps upstairs with hand on rail				
	steps downstairs with one hand held				
24	picks up toys and puts them away on request				
	uses toilet when taken by adult				
	puts on and takes off shoes, socks, coat, hat				
27	pulls off and on boxer pants or shorts may be backward				
	steps down stairs, one hand on rail				
	goes to toilet alone				
	washes and dries hands with help				
	unzips and zippers				
33	dresses with supervision				
	seldom has accidents with bowel movements				
	help carry and put things away				
	bathes self with supervision				
	walks upstairs alternating feet				

SELF-HELP

Child's Name: _____ DOB: _____

Age Level (mos.)	Behavior	Assessment Date	Date Initiated	Date Achieved	Comments
33	puts on shirt, dress unassisted				
	gets drink unassisted				
	dries own hands				
36-48	unbuttons accessible button				
	spreads butter on bread with knife				
	is usually dry all night				
	pours liquid from pitcher				
	undresses self				
	washes hands and face unaided				
	puts on shoes				
	goes downstairs alternating feet				
	dresses and undresses fully with help on buttons, back and forth				
	brushes teeth				
	separates easily from mother				
	dries face and hands				
	eats with fork and spoon				
	cares for self at toilet				
48-60	goes about neighborhood unattended				
	laces shoes				
	cuts with knife				
	buttons coat or dress				

prepared by: Joyce Beaudoin, Waldoboro, ME, and Lucille Zeph, Special Education, University of Maine, Orono, ME.

WCCP Outreach Project

DAY CARE PARENT INTERVIEW

Name of Child: _____ Birth Date: _____

Nickname: _____

To help us better serve your child we need to know the following information:

1. What are your child's nap habits: _____
2. Favorite Foods: _____
3. Food Dislikes: _____
4. Does he/she have allergies? _____ What are they? _____
5. Has he/she ever been hospitalized? _____ Why? _____
6. Does your child take medication? _____
7. What is his/her favorite toy? _____
8. Favorite games (or pastime) _____
9. How does he/she get along with other children? _____
10. How does he/she get along with adults? _____
11. What prior Day Care or babysitting experience does he have? _____
12. Does he/she dress or feed himself? _____
13. How is his/her speech? _____
14. Does he/she have a bottle or pacifier? _____
15. What discipline do you use? _____
16. How is his/her co-ordination? _____

17. Does your child have any special talents? _____

_____

18. Do you have any special concerns about your child? _____

_____

19. Has your child had any medical problems you haven't mentioned? _____

_____

20. Is there any other information that will help us understand your child?

_____

_____

_____

Name _____

Phone _____

Date _____

A GOOD PLAN IS:

1. SIMPLE, that is, not complicated.
2. SMALL, both in terms of what is done and the time frame it is done in.
3. SOMETHING TO DO, not stop doing.
4. DEPENDENT ON WHAT YOU DO, not what others do.
5. SPECIFIC, as to what, when, where, how, how many, and with whom.
6. REPETITIVE, something you can do each day or often.
7. IMMEDIATE, this is something that can be done soon.
8. MAKING A COMMITMENT, which is important in developing responsibility.

MY PLAN IS:	DATES AND/OR DAYS										

EVALUATION OF PAST WEEK:

1. What did I do successfully?
2. What do I need to work on?
3. What could I add?
4. Are there any changes I could make in the plan to improve it?

RE-EVALUATE SECOND WEEK:

Prepared by: Gary Applegate and Ed Ford, Institute for Reality Therapy,
11633 San Vincente Blvd., Los Angeles, CA 90049.

WCCP Outreach Project

Screening Plan

Day Care Home of: _____ Town: _____

Date: _____ Advisor: _____

1. What instrument(s) will be used for developmental screening:

2. What preparation is necessary:

   By what date can preparation be done:

3. How will the screening be presented to parents:

   By what date can this be done:

4. By what process will the screening take place:

   By what date will it be done:

Sample Form

OBSERVATION CHECKLIST FOR ANY AREA

Area of Observation: _____

Teacher: _____

Center: _____

Date: _____

Children's Names

Items to be Observed									

from: When You Care for Handicapped Children, Southwest Educational Development Laboratory, Texas Dept. of Human Resources, P.O. Box 2960, Austin, TX 78769, 1979.

WASHINGTON COUNTY CHILDREN'S PROGRAM

Outreach Project

Training Evaluation

Subject of Session _____

Name(s) of Trainer(s) _____

Date _____

		Rating Scale				
		Poor				Excellent
1.	What is your overall rating of the session?	1	2	3	4	5
2.	What was the quality of the presentation?					
	a. organization	1	2	3	4	5
	b. interest	1	2	3	4	5
	c. materials used	1	2	3	4	5

3. Did the trainer(s) clearly state the goals and objectives for the session?

_____ Yes _____ No

4. Do you feel more knowledgeable about the subject presented?
Please comment:

5. What changes or additional topics would you suggest?
Please comment:

6. List specific areas of interest which you would like to see addressed in follow-up programs.
Specific Areas:

7. How was the length of the presentation?

We welcome additional comments and suggestions. Thank you.

WASHINGTON COUNTY CHILDREN'S PROGRAM
LANGUAGE, SPEECH & HEARING INTERVIEW

Name_____ D.O.B._____ Age_____

Respondent_____ Relationship to child_____

Interviewer_____

I. Parent Concerns: Do you have any of the following concerns about your child?

_____ Doesn't seem to hear well

_____ Doesn't seem to understand what is said

_____ Has trouble eating or swallowing food

_____ Usually mispronounces words

_____ Has trouble finding words

_____ Doesn't speak in sentences

_____ Other

Directions: Complete interview regardless of chronological age. Double lines under yes or no may indicate a problem.

II. 0-6 Months:	Yes	No
A. Oral Peripheral (structure and function)		
1. Has strong cry	—	—
2. Sucks and swallows well	—	—
3. Has oral-facial abnormalities	=	—
B. Speech/Communication		
4. Makes comfort and experimental sounds (other than crying)	—	—
5. Babbles (repeats syllables)	—	—
C. Hearing and Comprehension		
6. Reacts to familiar voice and loud sounds (out of sight)	—	—
7. Has had recurrent ear infections	=	—

III. 6-12 Months		
A. Oral Peripheral		
1. Has difficulty chewing, sucking, or swallowing	=	—

	Yes	No
B. Speech/Communication		
2. Uses nonsense "gibberish"	___	___
3. Expresses needs, pleasure or displeasure verbally or with gestures	___	___
4. Uses first meaningful "words" consistently (other than "mama" and "dada")	___	___
C. Hearing and Comprehension		
5. Once started, babbling stops for an extended period of time	___	___
6. Waves "bye-bye" and plays pat-a-cake appropriately	___	___
7. Follows simple commands (like "come here, give it to me", etc.)	___	___
IV. 12-18 Months		
A. Oral Peripheral		
1. Has closed mouth posture with no drooling	___	___
2. Chokes a lot while eating or drinking	___	___
B. Speech/Communication		
3. Uses 5-10 words appropriately	___	___
4. Imitates rhythm and inflection of adult speech	___	___
C. Hearing and Comprehension		
5. Can point out familiar objects like "car" or "dog"	___	___
6. Stops activity when told "No!"	___	___
7. Recognises basic body parts	___	___
V. 18-24 Months		
A. Oral Peripheral		
1. Chews solids easily and licks food from lips	___	___
B. Speech/Communication		
2. Uses several 2 word phrases like "Me go"	___	___
3. Can name at least 20 pictures of common objects and body parts	___	___
4. Points and/or whines to demand what (s)he wants	___	___
C. Hearing and Comprehension		
5. Will follow simple instructions using real objects, like "push car, throw ball"	___	___
6. Has had recurrent ear infections	___	___

	Yes	No
I. 2-3 Years		
A. Voice is of "average" volume, pitch and quality (not nasal or hoarse)	—	—
B. Speech/Communication		
1. Uses many 3-4 word sentences	—	—
2. Can be understood easily by everyone	—	—
3. Can carry on a conversation with other children or familiar adult	—	—
C. Hearing and Comprehension		
1. Says "What?" a lot, has TV on loud, and/or often needs things repeated	—	—
2. Has frequent ear infections	—	—
II. 3-4 Years		
A. Oral Peripheral		
1. Has closed mouth posture with no drooling	—	—
B. Speech/Communication		
2. Child's grammar is almost as good as yours	—	—
3. Uses I/me substitutions	—	—
4. Asks simple questions	—	—
5. Starts conversation and keeps it going, taking his/her turn	—	—
C. Hearing and Comprehension		
1. Has frequent ear infections	—	—
2. Responds appropriately to common noises (telephone, door bell, speech from another room, etc.)	—	—

I. Interviewer's Comments:

1. Were respondent's comments consistent with interviewer's observations?

2. Describe significant environmental factors, if any; (visual, auditory, emotional, physical):

3. Describe respondent's speech, language, and hearing (articulation, grammar, voice quality, etc.):